

**UNITED STATES DISTRICT COURT
DISTRICT OF MINNESOTA**

State of Minnesota, by its
Attorney General Lori Swanson,

Civil File No. 12-145 RHK/JJK

Plaintiff,

v.

AFFIDAVIT OF MAY ANN WILLIAMS

Accretive Health, Inc.,

Defendant.

May Ann Williams, being first duly sworn on oath, state as follows:

1. My name is May Ann Williams and I am 71 years old. I live in Rosemount, Minnesota with my husband, Donald. We have been married for 44 years. We have four children and seven grandchildren. I am now retired. I volunteer at a Christian school three days a week, where I work in the library checking out books and helping first graders to read. Don and I are fortunate that most of our children and grandchildren live nearby, and we love to spend time with them.

2. I received my nursing degree from Swedish Hospital in 1962. I worked at Swedish Hospital for one year in medical isolation, and I then worked at North Memorial hospital for one year on the surgical floor. I then worked for Swedish Hospital again from 1964 to 1984 in medical surgery. From 1984 to 1991, I held a variety of positions, including working in a doctors office, working on a medical surgery unit, and working in certification and claims processing. I joined Fairview Health Services in 1991, working

at an urgent care walk in clinic. I worked at the urgent care clinic until 1999, when I joined Fairview Ridges Clinic in internal medicine and adult medicine primary care. I retired from Fairview Health Services in April 2011.

3. In October 2010, I dropped Don at Fairview Ridges Hospital Emergency Room at about 6:30 in morning. Don had been up all night in severe pain. After I dropped Don off at the ER, I went to work across the street at Fairview Ridges Clinic. Over my lunch hour, I visited Don in the hospital. He told me about two disturbing incidents in which finance people asked him to pay money. The first incident occurred in the ER while he was hooked up on an IV, on morphine, and had a tube down his throat to drain his stomach. He told me that a finance person entered his patient room and asked him to pay \$50. The second incident occurred in the general patient ward after he had been admitted into the hospital, while still hooked up to the IV and a tube inserted down his throat. In that incident, a finance person asked him to now pay a \$150.

4. As a nurse, I know that patients on morphine can be hazy, drowsy and do not always think very clearly. Patients who are in pain or ill often have limited cognitive and decision-making ability. As a nurse, I do not believe it is a wise idea to ask a patient for money in the emergency room or while patients are very sick or heavily medicated. As a nurse, I cannot imagine a situation in which a patient is more vulnerable or under greater duress than laying in an emergency room bed in pain, on morphine, hooked up to tubes, with other tubes down their throat, and not having any idea of the gravity of their medical situation, including whether it is life or death. Medically speaking, I believe it is

a very bad idea for any hospital to collect money from patients under these circumstances.

5. As a nurse, I was taught that the physical and mental wellbeing of the patient should always come first. As a nurse employed by Fairview for 20 years, I was trained that the hospital's values include: Dignity, Integrity, Compassion and Service. None of those values are demonstrated when collections agents make bedside collection visits in the emergency room or when patients are drugged, in pain, ill and frightened about their health.

May Ann Williams
MAY ANN WILLIAMS

Subscribed and sworn to before me
this 4 day of May,
2012.

June M Walsh
Notary Public

